



CITY OF HOUSTON
Office of the Mayor
AFFIRMATIVE ACTION AND CONTRACT COMPLIANCE
611 Walker Street, 7th Floor Houston, Texas 77002
P. O. Box 1562, Houston, Texas 77251-1562 (713) 837- 9000

(SBE)
SMALL BUSINESS ENTERPRISE PROGRAM

NO CHANGE AFFIDAVIT

1. Name of Firm _____
2. Owner's Full Name _____
3. Telephone Number _____ Fax Number _____
4. Business Address _____
(City) (County) (State) (Zip Code)
5. Mailing Address _____
(City) (County) (State) (Zip Code)
6. Please submit a letter to our office on any changes in your company's services and products.
7. List the number of employees: Full-Time _____ Part-Time _____ Contract _____
8. Do you have ownership or share in the management of another firm(s)? Please provide the name of the firm(s) and your ownership percentage.

9. Company Income Tax Identification Number: _____
10. E-mail Address _____
11. Internet Web Page/URL Address _____
12. Please include your Income Tax Forms from the previous year.

AFFIDAVIT

I HEREBY DECLARE AND AFFIRM THAT I AM AN OWNER of _____
(Name of Firm)

whose address is _____
(Include, City, State and Zip Code)

I DECLARE AND AFFIRM THAT THERE HAVE BEEN NO CHANGES IN THE CIRCUMSTANCES OF
_____ AFFECTING ITS ABILITY TO MEET THE REQUIREMENT
(Name of Firm)

OF THE CITY OF HOUSTON'S SBE PROGRAM. THERE HAVE BEEN NO MATERIAL CHANGES IN THE
INFORMATION PROVIDED WITH _____ APPLICATION FOR CERTIFICATION,
(Name of Affiant/Owner)

EXCEPT FOR ANY CHANGES ABOUT WHICH YOU HAVE PROVIDED WRITTEN NOTICE TO THE CITY OF
HOUSTON UNDER _____ MEETS SMALL BUSINESS
(Name of Firm)

ADMINISTRATION (SBA) CRITERIA FOR BEING A SMALL BUSINESS CONCERN AND ITS NUMBER OF
EMPLOYEES AND/OR AVERAGE ANNUAL GROSS RECEIPTS (AS DEFINED BY SBA RULES) OVER THE
FIRM'S PREVIOUS THREE FISCAL YEARS DO NOT EXCEED THE SIZE-STANDARD FOR MY
CLASSIFICATION.

WE REQUIRE THAT YOU SUBMIT WITH THIS AFFIDAVIT DOCUMENTATION OF THE FIRM'S SIZE AND
GROSS RECEIPTS IN THE FORM OF THE PREVIOUS YEAR'S BUSINESS INCOME TAX RETURNS AND
DISCLOSURE OF THE FIRM'S NUMBER OF EMPLOYEES.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTY OF PERJURY THAT THE CONTENTS OF
THE FOREGOING DOCUMENT ARE TRUE AND CORRECT, AND THAT I AM AN OWNER OF THE ABOVE
COMPANY.

(Date) (Affiant/Owner)

State of _____ County of _____ City of _____

On this _____ day of _____, 20_____, before me, _____,

the undersigned officer, personally appeared _____, known to me to be the person described in the foregoing
Affidavit and stated on his /her oath that he/(she is over 18 years of age, of sound mind, capable of making this
Affidavit, and has personal knowledge to facts stated in it and that he/she executed the same in the capacity
therein stated and for the purpose therein contained.

In witness thereof, I hereunto set my hand and official seal.

(Notary Public) (Seal)

My Commission Expires: _____

*** PLEASE RETURN THIS ORIGINAL FORM, RETAINING A COPY FOR YOUR RECORDS. ***